PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10005705

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			<i>ე</i> ව minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			∂ mi	nus 3 =	*			X42=	-	OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=	_	OR	+280=		
* if	the difference	in column 1 is	ess than zero, enter "0" in			olumn 2	. 1	TOTAL	3/10	OR	TOTAL		
	CLAIMS AS AMENDED - PART II							OTHER				THAN	
		(Column 1)	(Column 2			(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A	· · · · · · · · · · · · · · · · · · ·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 33	Minus	** Ó	<u>20 </u>	- /3		X\$ 9=	117.00	OR	X\$18=		
	Independent	* 3	Minus	***	3	=		X42=		OR	X84=		
<u>. </u>	FIRST FRESE	NIATION OF M	JETTPLE DEF	CINDEIN	CLAIM		1	+140=		OR	+280=		
							L	TOTAL		OB	TOTAL ADDIT, FEE	·	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	11	X42=		OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							l	+140=		OR	+280=		
							A	TOTAL VDDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)	.						
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	independent	*	Minus	***		=	Į t	X42=		OR	X84≈		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										000		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= TOTAL		OR	+280= TOTAL		
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT										OR	ADDIT. FEE		
		ber Previously Pai					er fou	nd in the app	ropriate box	in col	umn 1.		